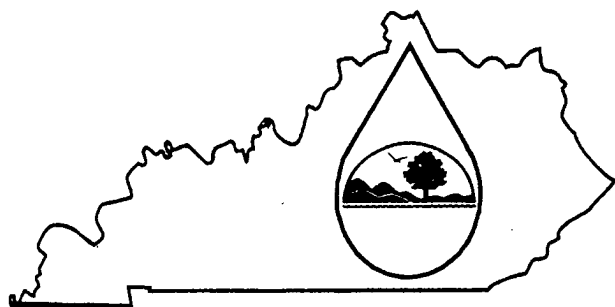


✓ A1-34888

## KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

2006 APR 28 P 1:19

### PERMIT APPLICATION



This is an application to: (check one)

- ☐ Apply for a new permit.  
☒ Apply for reissuance of expiring permit.  
☐ Apply for a construction permit.  
☐ Modify an existing permit.

Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Short Form <sup>©</sup>

For additional information contact:

KPDES Branch (502) 564-3410

CHK 20

<b>I. FACILITY LOCATION AND CONTACT INFORMATION</b>		AGENCY USE	0	0	7	4	8	9	6
A. Name of business, municipality, company, etc. requesting permit Blue Grass Council, Boy Scouts of America									
B. Facility Name and Location					C. Facility Owner/Mailing Address				
Facility Location Name: McKee Scout Reservation					Owner Name: Blue Grass Council, BSA				
Facility Location Address (i.e. street, road, etc.): 8645 Levee Rd. (St. Hwy. 11)					Mailing Street: 415 North Broadway				
Facility Location City, State, Zip Code: Jeffersonville, KY 40337					Mailing City, State, Zip Code: Lexington, KY 40508				
					Telephone Number: 859-231-7811				

### II. FACILITY DESCRIPTION

A. Provide a brief description of activities, products, etc:

Boy Scout Camp

B. Standard Industrial Classification (SIC) Code and Description

Principal SIC Code & Description:	Recreational - Educational Consisting Primarily of: Camping, Hiking, and Swimming		
Other SIC Codes:			

### III. FACILITY LOCATION

A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)

B. County where facility is located: Montgomery City where facility is located (if applicable): H/A

C. Body of water receiving discharge:  
Unnamed tributary (mile 0.3) of Hog Creek (mile 2.45)

D. Facility Site Latitude (degrees, minutes, seconds): 37° 56' 22" Facility Site Longitude (degrees, minutes, seconds): 83° 55' 52"

E. Method used to obtain latitude & longitude (see instructions): USGS Topographical map coordinates

F. Facility Dun and Bradstreet Number (DUNS #) (if applicable): 093264075

<b>IV. OWNER/OPERATOR INFORMATION</b>	
A. Type of Ownership: <input type="checkbox"/> Publicly Owned <input checked="" type="checkbox"/> Privately Owned <input type="checkbox"/> State Owned <input type="checkbox"/> Both Public and Private Owned <input type="checkbox"/> Federally owned	
B. Operator Contact Information (See instructions)	
Name of Treatment Plant Operator: Kennith D. Green	Telephone Number: 859-498-1328
Operator Mailing Address (Street): 8695 Levee Road	
Operator Mailing Address (City, State, Zip Code): Jeffersonville, KY, 40337	
Is the operator also the owner? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Is the operator certified? If yes, list certification class and number below. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Certification Class: 1	Certification Number: 7703

<b>V. EXISTING ENVIRONMENTAL PERMITS</b>		
Current NPDES Number: KY 0074896	Issue Date of Current Permit: June 26, 2002	Expiration Date of Current Permit: October 31, 2006
Number of Times Permit Reissued: 5	Date of Original Permit Issuance: July 1, 1990	Sludge Disposal Permit Number: N/A
Kentucky DOW Operational Permit #: N/A	Kentucky DSMRE Permit Number(s): N/A	-

C. Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source	N/A	N/A
Solid or Special Waste	N/A	N/A
Hazardous Waste - Registration or Permit	N/A	N/A

<b>VI. DISCHARGE MONITORING REPORTS (DMRs)</b>	
KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). The information in this section serves to specifically identify the department, office or individual you designate as responsible for submitting DMR forms to the Division of Water.	
A. Name of department, office or official submitting DMRs:	Kenvirans, Inc.
B. Address where DMR forms are to be sent. (Complete only if address is different from mailing address in Section I.)	
DMR Mailing Name:	Kenvirans, Inc.
DMR Mailing Street:	452 Versailles Rd.
DMR Mailing City, State, Zip Code:	Frankfort, KY 40601
DMR Official Telephone Number:	502-695-4357

## VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount. Descriptions of the base fee amounts are given in the "General Instructions."

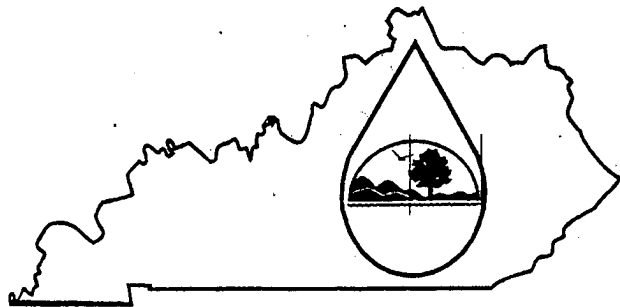
Facility Fee Category: <i>501 (C)(3) ✓</i>	Filing Fee Enclosed: <i>\$ 20.00</i>
---	---

## VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print): <i>J. Kelly Hampton, Scout Executive, CEO</i>	TELEPHONE NUMBER (area code and number): <i>859 - 231-7811</i>
SIGNATURE <i>[Signature]</i> , <i>Scout Executive / CEO</i>	DATE: <i>4/25/06</i>

# KPDES FORM SC



## KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

RECEIVED BY KPDES BRANCH

2006 APR 28 P 1:19

### PERMIT APPLICATION

A complete application consists of this form and Form 1.  
For additional information, contact: KPDES Branch, (502) 564-3410.

NAME OF FACILITY:							
I. FACILITY DISCHARGE FREQUENCY				AGENCY USE			
A. Do discharge(s) occur all year? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (Complete Item IX for intermittent discharges.)							
B. How many days per week?				7			
II. A. Give the basis of design for sizing of the wastewater facility (see instructions):  Based on 400 campers per week							
B. If new discharger, indicate anticipated discharge date:				N/A			
C. Indicate the design capacity of the treatment system:				0.005 MGD			

### III. Outfall Location (see instructions)

Outfall (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
W.W.T.P.	37°	56'	22"	83°	55'	52"	Unnamed Tributary of Hog Creek
Method used to obtain latitude/longitude (i.e. GPS unit, USGS topographic map coordinates, etc.)				USGS Topographical map coordinates			

# **IV. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (see instructions)**

If wastewater other than domestic or sanitary is listed, complete page 4 in addition to page 1 and 2.

OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	List treatment components	List Codes from Table SC-1
W.W.T.P.	McKee Scout Reservation	1,440 G.P.D. 5,000 G.P.D.	Comminutor	1-L
			Activated sludge	3-A
			Slow sand filtration	1-U
			chlorine treatment	5-F
			Discharge to surface water	4-A

## **V. Check the type(s) of wastewater discharged.**

- ☒ Domestic (60% or more sanitary sewage)
 ☐ Oil field waste  
☐ Noncontact cooling water
 ☐ Other (list):

## **VI. Does all water used at facility (except for human consumption) flow to a treatment plant?** ☐ Yes ☒ No

## **VII. Discharge to other than surface waters. Check appropriate location:**

- ☐ Publicly-owned lake or impoundment      Name of lake:  
☐ Publicly-owned treatment works (POTW).      Name of POTW:  
☐ Land application of Effluent  
☐ Surface injection (Check term and identify on map) ☐ lateral field; ☐ sinkhole; ☐ sinking stream; ☐ deep well  
☐ Closed Circuit (Check appropriate term) ☐ Holding tank; ☐ Mechanical evaporation; ☐ Waste impoundment

## **VIII. Check the metals present in the discharge if applicable and indicate the quantity discharged per year. (Indicate units).**

<input type="checkbox"/>	Antimony	
<input type="checkbox"/>	Arsenic	
<input type="checkbox"/>	Beryllium	
<input type="checkbox"/>	Cadmium	
<input type="checkbox"/>	Chromium	

<input type="checkbox"/>	Copper	
<input type="checkbox"/>	Lead	
<input type="checkbox"/>	Mercury	
<input type="checkbox"/>	Nickel	
<input type="checkbox"/>	Selenium	

<input type="checkbox"/>	Silver	
<input type="checkbox"/>	Thallium	
<input type="checkbox"/>	Zinc	
<input type="checkbox"/>		
<input type="checkbox"/>		

**IX. INTERMITTENT DISCHARGES (Complete this section for intermittent discharges.)**

A. Number of bypass points: 0 (If bypass points are indicated, information below must be completed for each bypass.)

Check when bypass occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of bypass incidents	per year	per year
Give average duration of bypass	hours	hours
Give average volume per incident	1,000 gallons	1,000 gallons
Give reason why bypass occurs:		

B. Number of Overflow Points: 0 (If discharge is from an overflow point, the information below must be completed.)

Check when overflow occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of overflow incidents:	per year	per year
Give average duration of overflow:	hours	hours
Give average volume per incident:	1,000 gallons	1,000 gallons

C. Number of seasonal discharge points	<u>1</u>
Give the number of times discharge occurs per year	<u>1</u>
Give the average volume per discharge occurrence	<u>131.8</u> (1,000 gallons)
Give the average duration of each discharge	<u>183</u> (days)
List month(s) when the discharge occurs	<u>April - September</u>

**X. AREA SERVED (see instructions)**

NAME	ACTUAL POPULATION SERVED
<u>McKee Scout Reservation</u>	<u>400 for six weeks, 1-400 for 20 weeks</u>
<b>TOTAL POPULATION SERVED</b>	<u>400 maximum</u>

(PLEASE COMPLETE THIS PAGE IF OTHER THAN DOMESTIC WASTEWATER IS DISCHARGED)

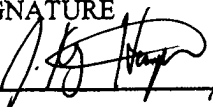
XI. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS		
Additive	Composition	Concentration (mg/l)

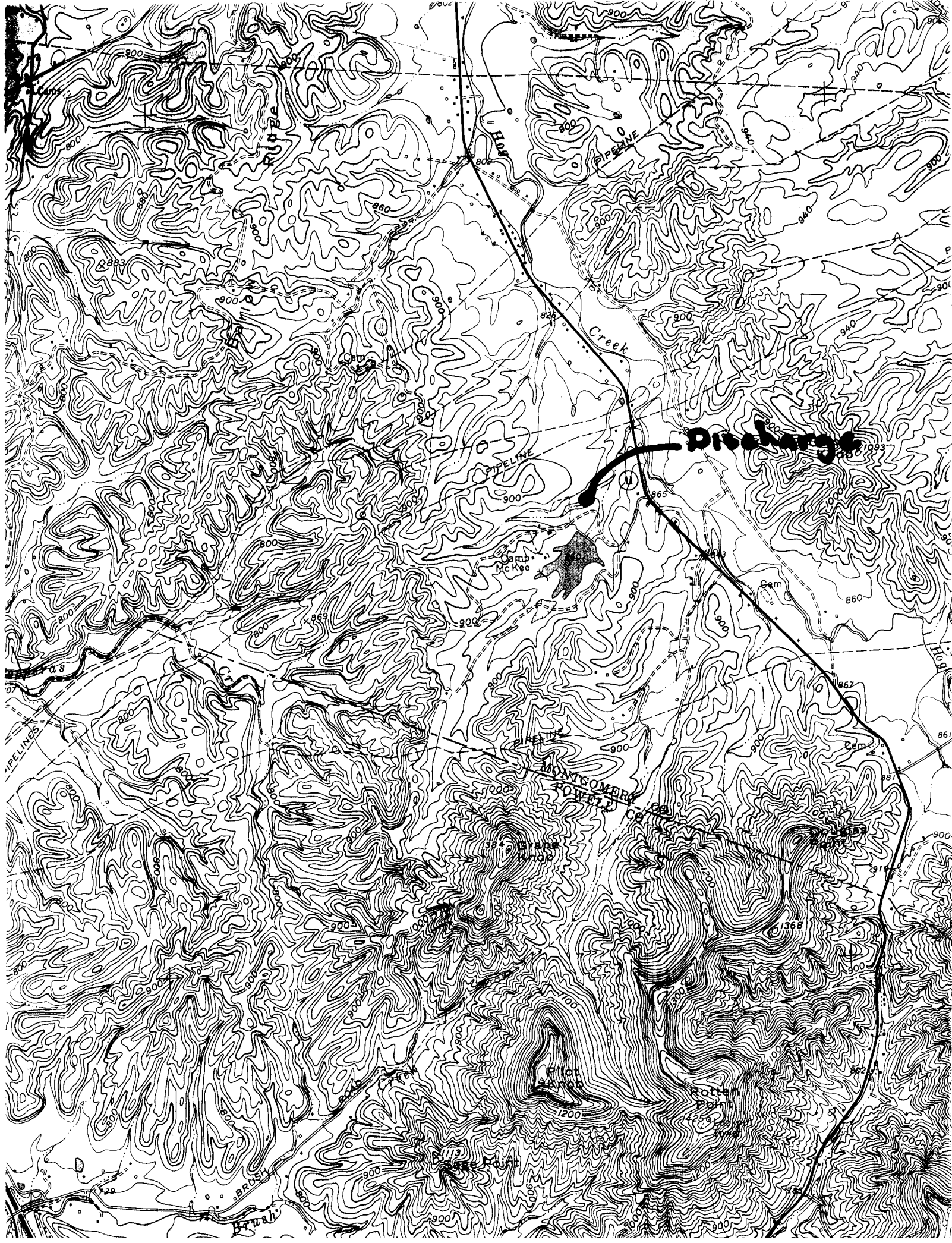
XII. EFFLUENT CHARACTERISTICS			
A. Indicate results of analysis for pollutants listed below.			
POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES
BOD <sub>5</sub>			
TOTAL SUSPENDED SOLIDS			
FECAL COLIFORM			
TOTAL RESIDUAL CHLORINE			
OIL AND GREASE			
CHEMICAL OXYGEN DEMAND			
TOTAL ORGANIC CARBON			
AMMONIA			
DISCHARGE FLOW			
PH			
TEMPERATURE (WINTER)			
TEMPERATURE (SUMMER)			

B. Frequency and duration of flow:	
------------------------------------	--

### XIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print): J. Kelly Hampton, Sr. Executive, CEO	TELEPHONE NUMBER (area code and number): 859-231-7811
SIGNATURE  J. Kelly Hampton / CEO	DATE 4/25/06





ERNIE FLETCHER  
GOVERNOR

**ENVIRONMENTAL AND PUBLIC PROTECTION CABINET**

DEPARTMENT FOR ENVIRONMENTAL PROTECTION

DIVISION OF WATER

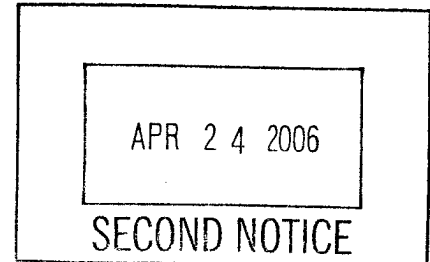
14 REILLY ROAD

FRANKFORT, KENTUCKY 40601-1190

[www.kentucky.gov](http://www.kentucky.gov)

LAJUANA S. WILCHER  
SECRETARY

March 24, 2006



Mr. Kelly Hampton  
Bluegrass Council  
Boy Scouts of America  
415 North Broadway  
Lexington, Kentucky 40508

Re: KPDES No.: KY0074896  
McKee Scout Reservation  
Montgomery County, Kentucky

Dear Mr. Hampton:

Our records indicate that your Kentucky Pollutant Discharge Elimination System (KPDES) permit is due to expire on October 31, 2006. According to KPDES Regulation 401 KAR 5:060, "any person with a currently effective permit shall submit a new application at least 180 days before the expiration of the existing permit..." **The due date for your permit renewal application is April 28, 2006.**

Please complete the enclosed application forms and return to the KPDES Branch, Division of Water, at the above address by the indicated due date. Applications received after the due date are in violation of 401 KAR 5:060, Section 1, which could result in enforcement action being taken.

If you have any questions regarding the completion of these forms, please contact me at (502) 564-2225, extension 470.

Sincerely,

**Vickie Prather, Acting Supervisor**  
Inventory and Data Management Section  
KPDES Branch  
Division of Water

CS:TJB:tjb  
Enclosures  
c: Frankfort Regional Office  
Division of Water Files



INTERNAL REVENUE SERVICE  
District Director

DIRECTOR OF THE DISTRICT  
1100 Commerce St., Dallas, TX 75242

Boy Scouts of America  
National Council  
c/o Controller Division  
1325 W. Walnut Hill Ln.  
Irving, TX 75038-3008

Person to Contact:  
Barbara Mitchell

Telephone Number:  
(214) 767-6023

Refer Reply to:  
Mail Code 4940 DAL

Date:  
March 27, 1996

EIN:  
22-1576300

Dear Sir or Madam:

Our records show that Boy Scouts of America National Council is exempt from Federal Income Tax under Group Ruling Number 1761 section 501(c)(3) of the Internal Revenue Code. This exemption was granted November 1965 and remains in full force and effect. You are the parent organization for this group exemption. The parent organization determines which organizations are covered under this group ruling exemption.

The requirements for maintaining your group exemption include furnishing us current information about each subordinate unit under your general supervision or control. The updated information must be received by the Internal Revenue Service at least 90 days before the close of your accounting period.

We have classified your organization as one that is not a private foundation within the meaning of Section 509(a) of the Internal Revenue Code because you are an organization described in section 170(b)(1)(A)(vi).

If we may be of further assistance, please contact the person whose name and telephone number are shown above.

Sincerely,

*W. Mann*

W. Mann  
Chief, Employee Plans ~~365~~  
and Exempt Organization Customer  
Service Section